

Prenatal Instruction Sheet

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CONGRATULATIONS ON YOUR PREGNANCY!!!

This handout has been prepared to assist you in the upcoming months of your pregnancy. Many odd and sometimes uncomfortable, as well as miraculous and exciting, things will be happening from here on. Our feeling is that the more you know, the more you will appreciate and enjoy your pregnancy, and the less you will (hopefully) worry. Although everything cannot be covered in this handout, we have tried to include the more common and important issues you may encounter. Use this information as a guide to when our office or your physician should be contacted and if these problems may be an emergency. **PLEASE DO NOT LOSE OR MISPLACE THIS HANDOUT!!!** It may save you much fear, anxiety, and consternation! (And besides, if you call and ask a question that is answered in this handout, we will feel obligated to give you a very hard time!).

The nurses at the St. John's Labor and Delivery are more than happy to answer your questions after hours. They are experienced, knowledgeable and concerned. Feel free to call them after hours (even in the middle of the night since they are already awake!). They can be reached at **646-8288** or through the hospital operator.

Remember, above all, that the majority of pregnancies run their course without complications, and most babies are born healthy and without problem. Sometimes, however, complications or difficulties will arise. Therefore, it is important that early and regular prenatal care be performed. If a problem is encountered, early care can prevent or lessen a bad outcome. There are no guarantees, but you can rest assured that our office and staff will do all we can to help your pregnancy achieve the best outcome possible.

Prenatal care in this office is performed as follows: your first visit is solely for the purpose of taking your medical history, determining if your pregnancy is at risk in any way, and discussing office billing procedures. This is also a good chance for you to ask any questions or voice any concerns about our office, your pregnancy, or your prenatal care. You will be interviewed by our office R.N. at this time. Expect this visit to take about thirty minutes to one hour. Labs (prenatal screen) will be obtained during this visit. These include a blood count (to check for anemia), blood type, a syphilis screen (state law), rubella status (to make sure you're immune), hepatitis B (to make sure you are not a chronic hepatitis carrier), and urinalysis (to check for bacteria in your urine). Other tests will be performed as necessary.

Your next visit will be with the physician at which time your history and any risk factors will be reviewed. A complete physical exam will be performed at this time. A plan for the remainder of your pregnancy will be outlined. Visits thereafter will consist of "belly checks". At these visits we will measure your uterus to monitor the baby's growth, listen to the baby's heart beat, check your urine for protein and sugar, and address any new problems, concerns, or questions which may have arisen since your last visit (not to worry—we don't routinely do pelvic exams or cervical checks after the first visit until 36 weeks). These appointments will be scheduled every four weeks until you are at 28 weeks, every two to three weeks until you are at 36 weeks, then weekly thereafter. Extra visits may be scheduled if needed. You will usually be seen by the physician at these visits. Beginning at 36 weeks, your cervix will be checked at each appointment. Please remember that this is your pregnancy. We view these next few months as teamwork. We will not make decisions for you, but only attempt to educate and give guidance as different issues or problems arise.

At approximately 18 weeks you will probably have an ultrasound performed (if one wasn't already done). This timing of the ultrasound is chosen as a good time to confirm your due date and look at the baby's organs to make sure they appear normal. The earlier the ultrasound is performed, the more accurate it is in determining the date the baby is due. When the ultrasound is performed later, the baby is bigger and details of the baby are easier to see. Eighteen weeks is a good compromise of the two. Other ultrasounds will be ordered as necessary during the course of your pregnancy. We cannot order ultrasounds to determine the sex of the baby. Ultrasounds are expensive and the ultrasound department is very busy. Therefore, we can only order an ultrasound if there is an obstetrical reason. Although there has been much debate recently regarding the value of "routine" ultrasounds, most obstetricians feel that one ultrasound at 16 to 18 weeks is very important and worthwhile. It is generally felt that the recently published studies (such as the RADIUS study referred in the newspaper and magazines you may have read) are poorly performed studies and should not change our current practices.

Nuchal Translucency Evaluation

Early in the pregnancy, the thickness of the skin on the back of the baby's neck may be thickened in some cases of heart and chromosomal abnormalities. This is due to changes in lymphatic drainage in this area. An ultrasound to evaluate the thickness of this area of skin (Nuchal Translucency or "NT") can be performed between 11 and 14 weeks. This is a fairly reliable screen for these problems, and carries no risks. We are able to do a *initial* NT screen in our office, however, because we are not a certified NT screening site would refer any questionable readings to a perinatology center in Indianapolis. Women at risk for chromosomal abnormalities (age, previous personal or family history, etc) may want to consider this testing.

You will be given a paper measuring tape during your pregnancy (at or after 20 weeks) which is used to measure your uterus. If you bring this to each visit we can record the growth of your uterus on the tape (and we'll also save a few trees). This will be a nice souvenir to add to your baby book. Additional handouts will likely be received at each visit to add to your collection.

At around 28 weeks, more tests will be performed including a hemoglobin (again to check for anemia), a syphilis screen (state law) and a One Hour Glucola (a screening test for Gestational Diabetes). A repeat antibody test will be performed in those of you who are Rh negative prior to receiving the Rhogam® injection. Occasionally, a repeat blood count will be drawn at 36 weeks if you have had a problem with anemia.

A test known as **Alpha-fetal protein (AFP)** will be offered to you during your pregnancy. It is drawn between 16 to 18 weeks. AFP is a protein produced by the liver of the baby which is passed through the placenta into your blood. By drawing your blood, we can look at the level of AFP in your blood. High levels may indicate a Neuro-tube defect (i.e. spina bifida, anencephaly—abnormalities along the spinal cord or brain), abdominal wall defect or Down's syndrome. The shortcomings of this test include its inaccuracy (for every 21 abnormal values, only one baby will actually have a problem), and it only looks for a few, rare defects. Just because it is normal does not guarantee that other problems don't exist. If the AFP comes back abnormal, you may need further testing including an amniocentesis (drawing amniotic fluid from around the baby using a long, thin needle) to investigate the baby in more detail in an attempt to find the cause of the abnormal AFP. (Remember, however, that most of these babies have no problem.) It is also fairly expensive and some insurance companies do not cover its cost. The 18 week ultrasound will catch the majority of fetal defects that the AFP might pick up, as well as examining other fetal organs the AFP does not screen. Many

experts feel that with a normal ultrasound, the AFP may be unnecessary in a low risk patient. (i.e. those without an increased risk for neuro-tube defect).

The **Triple Test** incorporates the AFP along with a serum estrogen and pregnancy levels. By evaluating the three together, the risk for Down's Syndrome may be narrowed further and more accurately. This is especially helpful if you are at increased risk for genetic defects (age, family history, etc.). For example, if you are 35 years of age, your risk of having a baby with a chromosomal defect is approximately 1 in 300. The Triple Test may show a risk that is less (e.g. 1 in 1000) or greater risk (e.g. > 1 in 30). This information may help you decide if you should proceed with further evaluation for chromosomal defects (i.e. amniocentesis or a special ultrasound that looks for anatomic features associated with genetic problems).

BETA STREP

Beta-hemolytic Streptococcus has gained widespread attention in the press (mostly women's magazines) over the past few years. These articles somewhat inflate the risk of this common bacteria. Although the effects of β -strep may be devastating, the complications in term infants are rare. β -strep is present in 20% of women and can be detected by culture. While the American Academy of Pediatrics (AAP) recommends routine culturing of pregnant women, the American College of Obstetrics and Gynecology (ACOG) has not been as specific, and has, up until recently, not recommended this test. There is much debate as to how to manage β -strep, and, unfortunately, no superior protocol at this time. The CDC has agreed on the AAP protocol, but they have also stated that the ACOG protocol (see below) is also appropriate to follow. For those women who do culture positive (i.e. have β -strep) and are treated with antibiotics, up to 50% of these women will be positive again at term. Since most of the infants who are affected are premature, all patients who go into labor before 36-37 weeks are given prophylactic IV antibiotics to protect the baby. This, in our opinion, is the most practical way to deal with possible infection. Just because a women cultures negative for β -strep does not mean that she does not have β -strep (cultures will miss up to 10% of β -strep) or will not get β -strep prior to delivery. According to the ACOG protocol, all women at risk for β -strep should receive antibiotics in labor. High risk patients include: preterm labor and preterm rupture of the membranes, previous history of β -strep infection in the mother or previously delivered infants, maternal fever during labor, or prolonged rupture of the membranes greater than 12 hours. Although there is still a debate over the best way to manage β -strep cultures and treatment, we are currently performing vaginal cultures at 36 weeks. *Woman To Woman* patients may have an earlier culture performed.

BIRTHING AND LAMAZE CLASSES

We strongly urge you to participate in a birthing class during your pregnancy. There are several available through St. John's. The more prepared you and your coach are for the delivery, the smoother, quicker, and more enjoyable your childbirth experience will be. (Plus, you'll make your coach, labor and delivery

nurse, and obstetrician much happier). Please ask for a Class Information Pamphlet if you have not received one by 20 weeks. Refresher classes, sibling classes, parenting classes, grand-parenting classes, breast feeding, Yoga (available at the YMCA/YWCA), exercise and C/Section classes may also be available. Also, watch for the occasional “baby fairs” at either St. John’s, or Community Hospital of Anderson. Much useful information is available during these education opportunities.

APPOINTMENTS

Because this is a busy practice, we ask that you be on time for your appointments. We will do all that we can to make sure your wait is the shortest possible. Please understand, however, that emergencies (and deliveries) do arise and at times a wait is inevitable. If this does occur, our office will try to contact you so that an appropriate delay in your arrival can be planned. We do suggest (since no delivery or emergency can always be anticipated) that you bring a book or handicraft project to occupy your time if a delay should occur. Try to use this time as a chance to sit down and relax!

We also ask you for consideration of our other patients. If your child is ill, please do not bring him/her to the office. Some illnesses (for instance, chicken pox and "fifths" disease) can be extremely harmful to pregnant women or their unborn babies if the mother has not had these illnesses. A wait in the office is miserable for the sick child, and their exposure to other pregnant women risks these patients' health and pregnancy! We welcome your children to our office. Involvement of the siblings is an important family event. Again, please bring activities for your children (you know—that long wait thing...). Waiting in a doctor's office is not much fun for you, and even worse for a child. If you do bring your children, remember that they are **YOUR** responsibility. *If you are ill (severe cold, flu, etc.) please call the office before you visit. You may want to reschedule so as not to have a miserable wait. Exposing other patients also may not be appreciated.*

We may have video tapes and reference books available for your use on topics including prenatal care, breast feeding and preparing for baby. These may be borrowed for one to two weeks.



PREGNANCY DO'S AND DON'TS

SMOKING

If you are a smoker, expect to be lectured by our office staff quite often during your pregnancy. Smoking reduces the amount of oxygen and nutrients your baby receives during pregnancy. In addition, many nasty and poisonous chemicals (including nicotine and carbon monoxide) are absorbed into your system and passed to the baby. Although you have a choice of what you put into your body, your baby is stuck with whatever (good or bad) you give him or her (kind of like leaving your child strapped inside a running car in a locked garage). Women who smoke in pregnancy have more miscarriages and smaller, less healthy babies.

Stillbirth, SIDS, and preterm birth are also more common when a mother smokes during pregnancy. Recent studies also show that babies of mothers that smoke during pregnancy are at a much higher risk of mental retardation. *If your baby has a problem before or after birth and you smoke, you will always have to live with the question of whether your smoking caused the problem.* Infants and children of parents who smoke have more ear infections, sore throats, asthma, allergies, and lung infections. Smoking increases a person's risk of lung cancer, cervical cancer (in women), bladder and throat cancer, as well as cancer in most any part of the body. More obvious and certain is the "aging factor" that a smoker's skin experiences; you'll look much older (i.e. rough and wrinkled skin) after 5 to 10 years of smoking. And don't be surprised if you get a lot of mean looks from other people if you smoke while you are pregnant--smoking in pregnancy has become socially unacceptable! (It's still surprising how some of our patients will become so concerned that they missed their prenatal vitamin, but don't think twice about what their smoking might be



There is now a national initiative to help mothers stop smoking spearheaded by the American Legacy Foundation. Information and materials may be obtained by calling the "Quitline" @ 1-866-66 START or logging on their website www.americanlegacy.org or email info@americanlegacy.org

Second-hand smoke has been found to increase risks of lung disease and lung cancer in non-smokers to a level just as high as if they themselves smoked. Second-hand smoke has also been shown to adversely affect babies, born and unborn. Recent studies show that second-hand smoke increases the risks of SIDS. (The authors of the study felt that if babies were not exposed to cigarette smoke before and after delivery, the incidence of SIDS may be reduced by 2/3.

doing to their child.)

If you are trying to stop smoking and your partner smokes, your chances of successfully "kicking the habit" will be markedly improved if you both stop. Besides, the exposure to other's cigarette smoke is just as bad. Consider the option of using nicotine patches in your quest to stop smoking. At least, with the patch, you are only getting the nicotine (a very strong addictive drug) and not the rest of the chemicals and toxic gases.

ALCOHOL

Moderate to heavy drinking (more than one alcoholic beverage a day) has been strongly linked to Fetal Alcohol Syndrome (FAS). FAS involves malformation of the face and nervous system. It is one of the largest causes of mental retardation along with Down's Syndrome and Cerebral Palsy. A safe level of alcohol intake in pregnancy has not been established. Since there are so many unknowns, such high stakes, and no reason that alcohol has to be consumed, we recommend that you not drink while you are pregnant.

CAFFEINE

The safety of caffeine intake (coffee, soft drink, tea and chocolate) in pregnancy is controversial.

Some studies show that high doses may increase the frequency of birth defects. Small amounts are probably okay, therefore we suggest that you limit your consumption of caffeinated products to less than 150 mg of caffeine a day. (A can of pop contains 50 mg, and cup of regular coffee contains about 150 mg). Avoidance may be your best bet. Decaffeinated coffee may have some risks depending on the method used to remove the caffeine--some experts feel that decaffeinated coffee should be avoided unless a natural filtration method is used. Recent studies conflict on their findings of harmful effects with caffeine use. Stay tuned...

Cup of coffee	90-150mg
Instant coffee	60-80mg
Tea	30-70mg
Cola	30-45mg
Chocolate bar	30mg
Stay-awake pill	100mg
Vivarin	200mg
Cold relief tablet	30mg

MARIJUANA

This is a dangerous drug that crosses the placenta and breast milk. Many studies show that marijuana may damage the developing baby, and increase the incidence of miscarriage, stillbirth and infant death. Not to mention the fact that the money you waste on MJ could be used for something nice for the baby (don't be that selfish!).

STREET DRUGS

Cocaine in pregnancy is extremely dangerous for the mother and baby. If you use cocaine while you are pregnant, you risk preterm delivery, separation of the placenta from the uterus (abruptio placenta), rupture of the uterus, and death of the unborn baby. The mother using cocaine also risks having a heart attack. Infants exposed to cocaine before birth are irritable, sleep poorly, and have attention deficits and behavioral problems as they get older. Do not do this to yourself or your unborn child!

In addition, LSD, heroin, tranquilizers, "uppers", "downers", and amphetamines (including diet pills) are very dangerous in pregnancy (and in other people for that matter) and should not be used.

SACCHARIN

Although not encountered as often as in the past, saccharin may still be found in some diet foods and artificial sweeteners (read your labels). It is recommended that saccharin be avoided in pregnancy and breast feeding and not given to young children.

NUTRASWEET™

Now the most common artificial sweetener on the market, Nutrasweet™ (aspartame) is found abundantly in diet foods. Composed of two amino acids (aspartic acid and phenylalanine), Nutrasweet™ has been found to be safe in pregnancy. Women, however, who have been diagnosed with Phenylketonuria (PKU) should not use products containing NutraSweet. This includes anyone who was on a special PKU diet (low phenylalanine) as an infant. We still suggest avoiding diet foods and beverages and sticking to a well balanced diet.

HERBALS

Herbal and “natural” remedies continue to gain popularity. Remember, however, that just because it is “natural”, does not mean that it is safe, especially in pregnancy and nursing. No matter how you classify them, they are still drugs or chemicals, and all carry some degree of risk. Furthermore, since herbals are classified by the FDA as dietary supplements, they are not required to undergo the same standards of safety, effectiveness, or quality control. In addition, quality and strength may vary, even within a brand. Consumer reports even found small amounts of pesticide and/or herbicides in some of the samples they tested.

Herbal teas from well known companies are probably safe in small quantities, however, larger amounts of some teas (i.e. peppermint and red raspberry leaf) may actually cause uterine contractions. Other herbals to avoid include (but are not limited to): black or blue cohosh, ephedra, dong quai, feverfew, juniper, pennyroyal, St. John's wort, rosemary and thuja.

Bottom line—avoid herbal therapies (some teas excluded) during pregnancy and nursing.

HOME CHEMICALS

Avoid cleaning fluids containing chlorinated hydrocarbons. Avoid pesticides and herbicides. There is no reason to expose yourself to these chemicals during pregnancy.

FISH / MERCURY

Fish and shellfish are known for their important part in a healthy diet. Recently, however, there has become more concern with the amount of mercury found in most fish, both fresh and salt water varieties. Normally, this amount is so small that any health risks are minimal, but some fish do contain potentially harmful levels of mercury. Unborn infants and small children may be at risk when consuming some types of seafood. (Mercury can affect nervous system development). The difficulty lies in balancing the health benefits from seafood and fish against the potential (albeit small) risk of mercury exposure.

There are some types of fish and shellfish which should be avoided during pregnancy. Generally, the higher up the food chain, the more mercury a fish may contain. The FDA makes the following recommendations for pregnant women (or those who may become pregnant), nursing mothers and young children:

1. Do not eat Shark, Swordfish, King Mackerel, or Tilefish because they contain high levels of mercury.

2. Eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury.

- * Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish.

- * Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.

Got that? For further information about the risks of mercury in fish and shellfish call the U.S. Food and Drug Administration's food information line toll-free at 1-888-SAFEFOOD or visit FDA's Food Safety Website (<http://www.cfsan.fda.gov/~dms/admehg3.html> if you are interested)

LEAD

The dangers of lead ingestion are well known. The effects on the developing fetus may be especially severe. Besides paint, lead may be found in ceramic mugs and containers, as well as lead crystal. Hot beverages and acidic foods may release lead from ceramic and lead crystal dishes and should therefore be avoided.

HOBBIES/CHEMICALS

Photographic solvents containing bromides, and degreasers and paint strippers containing methyl chloride, should be avoided. Working with ceramics may expose you to excessive lead and arsenic. Any chemicals, paints, solvents or other questionable substances used in your hobby should be investigated.

PAINTING

As long as proper precautions are taken (i.e., good ventilation and a safe working area), painting using latex (water based paints) in pregnancy is safe. Lead-based paints (lead can be absorbed and transported to the baby) and spray paints (which may contain M-butyl ketone) should not be used. Turpentine, paint strippers and solvents (especially those containing methyl chloride) and oil based enamel paint should be avoided. A good rule of thumb to follow is if you become symptomatic working around chemicals or paint (i.e. lightheadedness, nausea, etc.) you should avoid exposure or go outside for some fresh air.

OCCUPATIONAL HAZARDS/CHEMICALS

Since November 1985, the OSHA act or Right to Know Law, gives any worker the right to know what chemicals they work with daily, and what health hazards they may cause. This information should be available from your employer. Please request this information for yourself as well as our office. It is your responsibility along with your employer to educate yourselves about any potential risks to you and your pregnancy in your workplace. Ignorance is not bliss! Some more common workplace chemicals that can be harmful include:

Lead and arsenic--both are used in metallurgy and in the production of glass and paints. They have been associated with decreased birth weight and an increased risk of spontaneous miscarriage.

Cadmium--commonly encountered by people who smoke, or work in electronics or metal manufacture. It may cause decreased birth weight.

Chloroform--used in dry cleaning, seems to have a dose-related toxic effect, and may increase the risk of high blood pressure.

Other potentially hazardous chemicals include Methyl mercury, Polychlorinated biphenyls, Polybrominated biphenyls, anesthetic gases including nitrous oxide ("laughing gas"), and organic solvents.

HAIR DYES

The risks associated with hair dye use in pregnancy are theoretical, and you must decide if the use of such products is worth the risks. Coal tars, a common ingredient in hair dyes, are a known carcinogen. Semipermanent dyes, which last 3 to 4 weeks, are safer than permanent dyes, although coal tars may still penetrate the skin and be absorbed into your system. Many hair dyes are ammonia or peroxide based, which means you'll be inhaling these fumes if you use them. Temporary dyes coat, rather than penetrate, the hair shafts and are safer to use in pregnancy. Pure vegetable colorings (including Henna) are preferred in pregnancy. Frosting, tipping, streaking and painting the hair involve less contact with the scalp and are considered safer in pregnancy than hair dyes.

PERMS IN PREGNANCY

One of the unavoidable (but temporary) changes which you may notice in pregnancy is straightening of your hair. The obvious reaction is, of course, to get a perm. Although permanents in pregnancy are probably safe, you may want to reconsider spending the money since the results are always unpredictable and at times barely noticeable. This is because of the hormonal changes of pregnancy.

HOT TUBBING

Absolutely avoid hot tubs, saunas, and long, hot baths during the first 14 weeks of your pregnancy. Studies have shown an increase in Neural Tube Defects (for instance spina bifida and anencephaly) in women who frequented these activities in early pregnancy. Increased body temperature theoretically may prevent proper development of the spine which normally occurs from 6 to 10 weeks of pregnancy. Later in pregnancy, short dips in hot tubs (less than 10 minutes at 104° F) are safe. Longer times may increase the baby's temperature which could cause distress. (Heating pads are okay during pregnancy since they only affect one small area which is not enough to elevate your total body temperature.)

SUNBATHING AND TANNING BOOTHS

"Sun worshiping" is discouraged when you are not pregnant, and discouraged even more when you are pregnant. Prolonged exposure to the sun and ultraviolet rays, as well as sunburns, increase the risk of skin cancers, premature wrinkling, skin atrophy (weakening) and skin thickening, and pigment abnormalities. Pregnancy, furthermore, increases your skin's sensitivity to the sun and ultraviolet rays and hence, increases the chance you may burn. If you have to be out in the sun, be sure to use sun block with a rating of at least 15. You should avoid PABA containing products since these may cause a rash and swelling. Prolonged sunbathing may also raise your body temperature (see "Hot tubbing" above). If you have failed to heed our advice and do obtain a sunburn, use the tried and true treatments including aloe, cool wet cloths, cool bath, *acetomenophin (TylenolTM)* or *diphenhydramine (Benadryl)* and beating your head against the nearest wall. (Okay, we were kidding about that last part). Allow your skin to air dry since rubbing or patting will only irritate it more. Ultraviolet rays themselves will not hurt the baby.

INTERCOURSE

It is typical for the pregnant woman to have decreased sexual desire, especially earlier in the pregnancy when she doesn't feel as well and as she becomes more uncomfortable in the latter stages of pregnancy. You will likely prefer cuddling over intercourse. Make sure that you and your spouse keep communicating to avoid the misunderstanding of each other's needs and wants.

Sex is not restricted during pregnancy (although it will be more of a challenge), unless you have some pregnancy associated complication. We encourage sexual intimacy throughout your pregnancy. Though it may be more difficult, the extra effort and, at times, comic relief that you will experience will bring you and your mate closer together. (And remember--anything worth having is worth working for!) Pregnancy books, experts, and friends will tell you that different positions will work, but most likely they haven't tried their suggestions themselves, and don't realize that there really is no *good* position. Always keep in good humor about the situation; it will bring both intimacy and a new closeness in your relationship.

Special note to the guys:
No, you won't (and can't) hurt the baby's head. You overestimate yourself.

If you have been advised to refrain from intercourse (actual penetration) during pregnancy because of a complication, do not avoid any and all intimacy. Cuddling (which pregnant women prefer early in pregnancy), kissing and petting are not only okay, but strongly urged in a marital relationship. Studies show that pregnant women who continue to be intimate have decreased rates of preterm delivery and adverse pregnancy outcome.

Because chemicals in the man's semen can cause uterine cramping both early and late in pregnancy, we recommend using a condom if you experience cramping following intercourse. Also, breast stimulation may cause uterine contractions. This is not a problem if they are only mild. If you are having problems with stronger contractions, avoidance of breast contact and fondling is recommended.

If you are thinking of taking on a new sexual relationship during pregnancy, DON'T!! Sexually transmitted diseases (STD's) are bad enough to have anytime; pregnancy only makes the situation worse and severely limits treatment options. Do not fool yourself by thinking you're safe or could never pick up one of these infections. Every new "encounter" presents a 50% risk of acquiring a STD, some not treatable. Pregnancy is not the time to play "Russian Roulette" with a STD (including AIDS).

EXERCISE IN PREGNANCY

Unless you are instructed otherwise, you should remain active during your pregnancy. Moderate, regular exercise is important for regulating your weight gain, relieving stress and helping you sleep better at night. In addition, the better toned your muscles (belly and otherwise) at the end of your pregnancy, the easier and quicker your labor, delivery, and post-partum recovery will be. If you have been active in a particular sport before pregnancy, in most cases you will be

encouraged to continue. Pregnancy is not a time to learn a new sport. Weight gain, changes in your center-of-gravity, hormone changes, and loosening of your joints all decrease your coordination and reaction time, while increasing your risk for injury. These musculoskeletal injuries (sprains or injury to muscles or joints) tend to be more severe and more difficult to treat in pregnancy.

Recommended activities/exercises include:

- ◆ Swimming, tennis, golf, volleyball, biking, aerobics, dancing, walking, cross-country skiing, ice skating, rollerblading (with proper protection), beginning level modern dance classes, and jogging (but avoid too much bouncing).
- ◆ Step aerobics and stair climbers are okay if performed in moderation (i.e. lower the intensity and step height).
- ◆ Water aerobics, especially if you are starting out overweight, is an excellent form of exercise while you are pregnant.
- ◆ Bowling is okay (and your belly can always be blamed for lower scores and gutter balls).

Any prenatal exercise classes are not only okay, but are in fact recommended. Several good pregnancy aerobic video tapes are available including tapes by Denise Austin (if you can handle her “happy-to-be-pregnant attitude) and Jane Fonda.

Running and jogging, even of the long distance variety, is probably safe in pregnancy (assuming that this is an ongoing workout). Studies show that women who run or jog before and during pregnancy are less likely to deliver early or late, more likely to deliver near or just before their due date and have

Contact sports, or those at risk for falls, being hit or running into stationary objects are probably not one of your better choices during pregnancy. Team sports played non-aggressively such as volleyball or softball are okay as long as you and your team mates are careful. (It’s those guy-jocks you have to watch out for.)

We do not recommend the following during pregnancy because of increased risk of injury to you or the baby:

Competitive running, horseback riding, motorcycle riding, spring-board or platform diving, feet first diving, SCUBA diving, ski-diving, water skiing, downhill skiing, competitive weight lifting, boxing or bungee jumping.

Rules to remember while exercising include:

- 1) Wear a properly fitted exercise bra with good support.
- 2) Avoid exercise in extremely hot and/or humid weather.
- 3) Increase your fluid intake before, during, and after exercise. Dehydration can be a serious problem during pregnancy.

- 4) Check your pulse frequently. It should not go over 140 beats per minute (count for 15 seconds then multiply this number by 4--this will give you beats for one minute).
- 5) During the first four months of pregnancy there are no restrictions other than those mentioned above.
- 6) Gradually reduce your level of exercise from here on out. By the last two months of your pregnancy, walking and low impact aerobics are probably the preferred activity *although you can continue at the pace you can tolerate and are comfortable.*

LIFTING

You should exercise some caution with lifting while pregnant. Remember that you are much more likely to injure yourself when you are pregnant. With body changes and your “little package”, you are more likely to lift incorrectly resulting in painful back strain. ALWAYS keep your back upright and lift with your legs. This includes children and parcels. After 20 weeks, 20-25 pounds should be your limit. If you should over do it, rest, use a heating pad and take Tylenol as directed. Hot showers, warm baths and massages will also help. Since you are pregnant, you will not be able to use muscle relaxants or the other more commonly used back pain medications. And moms of young children: please, please be careful how you pick up your kids. Those back muscles can only take so much.

DIET

We suggest a well-balanced diet during pregnancy, avoiding artificial sweeteners, sweets (candy, chocolate, cake, regular soft drink, etc.), and fatty or greasy foods. You need all of the nutrients that you can get (prenatal vitamins should not be used as a substitute for a "junk" diet). Sweets add a lot of calories and supply little, if any, nutrients. In addition, they may make your blood sugar jump up and down increasing episodes of light headedness, passing out, headaches and mood changes. Greasy foods also add "empty" calories and since they sit on your stomach longer, will increase heartburn, bloating and gas, constipation, and nausea and vomiting.

Your diet should include fruits and vegetables (fresh instead of canned or frozen if possible), complex carbohydrates such as pastas and breads, and limited meats (preferably poultry and ocean fish). **A well-balanced diet along with regular exercise is the best way to maintain an appropriate weight gain during pregnancy.**

Recent studies have shown that an increase in folic acid in the diet will decrease the risks of certain birth defects (e.g. spina bifida, cleft lip/palate). Women at no increased risks of these defects should have 1 mg folic acid/day supplement, while those women at an increased risk should take 4 mg/day. Prenatal vitamins contain 1 mg folic acid and should be sufficient. If you feel that you need more,

SALT AND SWELLING

Pregnant women are much more sensitive to salt because of hormonal, kidney, and cardiovascular changes. Obviously, salt should be avoided when possible. Besides the usual salty foods like *chips, pizza and pretzels*, salt is plentiful in *canned foods, fast foods* (i.e. Taco Bell®), *soup, processed meats, cheeses (this includes pizza and cottage cheese) and pickles*. If you are having problems with swelling, it's best to stay away from these foods (check the labels) and increase your water intake.

let us know so that we can prescribe a higher dose if we feel that it is appropriate. The following foods are also good sources for folate/folic acid:

liver, fortified cereals and breads, dried beans, asparagus, spinach, bran and granola cereals, broccoli, and avocados.

Diet and allergies in pregnancy

Studies show that 90% of food allergies in young children are to one of these five foods: milk, eggs, peanuts, soy, or wheat. There has been suspicion that by avoiding these foods while pregnant, food allergies may be prevented. No studies, however, have substantiated this thinking. The only possible exception is with peanuts (and maybe other nuts). Avoiding these nuts may be worthwhile in families where specific allergies are a particular problem.

There is some evidence, however, that some allergy problems may be prevented by increasing omega-3 fatty acids intake (found in several prenatal vitamins) and eating active culture yogurt.

FOOD SAFETY

Life is dangerous. Eating is no exception. Okay, so it's not *that* dangerous, but if you listen to too many people, you start wondering "What *can* I eat?". Fear not—I have compiled a list to give you guidance. If you want more info and up-to-date content, check out the following website:

<http://www.cfsan.fda.gov/~pregnant/pregnant.html>

For information on fish and seafood, check out the section on "Fish / Mercury" (page 8 or so).

- ◆ Raw fish, especially shellfish (i.e. oysters, clams)
- ◆ Undercooked meat, poultry and seafood. Cook all of them thoroughly to kill bacteria (sorry sushi lovers...)
- ◆ Do not eat raw hot dogs or luncheon meats. Examples are deli meats such as ham, turkey, salami and bologna. If you do eat these foods, reheat them until steaming hot (risk of listeriosis)
- ◆ Refrigerated pates or meat spreads. Canned versions are safe
- ◆ Refrigerated smoked seafood unless it has been cooked (as in a casserole). Canned versions are safe
- ◆ Soft-scrambled eggs and all foods made with raw or lightly cooked eggs (but really—when was the last salmonella outbreak? If you eat raw cookie dough, just don't tell me about it)
- ◆ Soft cheeses made with unpasteurized milk. Examples are Brie, feta, Camembert, Roquefort, blue-veined, queso blanco, queso fresco and Panela. Check the label to see what kind of milk was used to make the cheese
- ◆ Unpasteurized milk, juices or ciders and any foods made with them
- ◆ Raw vegetable sprouts, including alfalfa, clover, radish and mung bean (whatever that is)

Avoid consuming large quantities of liver (I can hear the groans of disappointment as I type this...) due to its high vitamin A content which in large amounts can possibly cause birth defects.

LAYING ON YOUR BACK

It is generally felt that laying flat on your back, especially later in pregnancy, should be avoided. Theoretically, the weight of the pregnant uterus may compress the large vessels in your back that eventually supply blood to the uterus and baby. There has never been any conclusive evidence that babies are harmed by short periods of mothers laying on their back--so don't panic if you wake up in the middle of the night on your back. Although it has been traditionally said that laying on your left side (because of anatomical relationships of the vessels and uterus) was preferred, studies show that either right or left sided laying is okay.

ELECTRIC BLANKETS / VIDEO DISPLAY TERMINALS /POWER LINES

Despite much hype over the years, there has been no good evidence that any of these cause problems in pregnancy. Several good studies confirm this. The only problems that the above may cause are the following:

- Electric blankets..... fights over proper settings
- Video Display terminal..... eye strain and Internet addiction
- Power lines..... reception problems and decreased property values

TRAVEL DURING PREGNANCY

In an uncomplicated pregnancy, travel is generally not restricted until the last 6 to 8 weeks of your pregnancy. You should not travel more than one hour from your hospital after 36 weeks (the last month). Any complications or known risk factors (such as preterm labor) will necessitate earlier or more limited restrictions. If possible, have an idea of available medical facilities near your destination. If you plan travel after your 20th week of pregnancy, please ask for copies of your prenatal records to take with you. This will assist other doctors in your care should problems arise.

CAR TRAVEL

ALWAYS wear your seat belt whenever you are in the car. This, of course, is the law. Wear it under your abdomen and always wear the shoulder belt over your shoulder. Do not wear it under you arm. Any small risk to the baby of seat belt injury is vastly outweighed by the potential risk to you or the baby when not wearing a seat belt. The baby is well protected by the uterus, amniotic fluid, and your pelvic bones. Getting tossed through a windshield is not good for you or the baby. The amount of injury to the baby is proportional to the amount of injury to the mother.

Small pillows may help your back or neck during long trips. Avoid tight clothing. Stop every hour or so to empty your bladder and stretch your legs. This will help prevent bladder infections and blood clots in your legs.

AIR TRAVEL

Limit flying to only commercial airlines or planes with pressurized cabins. Reserve an isle seat so that restroom breaks and walking will be more convenient. Try to walk at least hourly, and

move your legs and feet frequently. This will help prevent blood clots forming in your legs. Keep well hydrated while flying since the dry air on planes can lead to dehydration on longer flights. Metal detectors are safe during pregnancy. Air travel after 34 weeks is not advised and is usually prohibited by the airlines. We discourage use of the airport x-ray machines as a cheap alternative to obstetrical ultrasound.

CRUISES

Ocean travel is fine, but if you haven't been on a cruise before, this may be a bad time to find out you get sea sick easily. Motion sickness may also be worse in pregnancy. Avoid ocean travel during the last 8 weeks of your pregnancy. If worse comes to worse, Dramamine is okay for sea sickness. Packing a set of "sea bands" might also be a good idea.

TRAVEL IN FOREIGN COUNTRIES

If you plan on traveling to a foreign country during your pregnancy, please inform our office. You should check with a travel agent to find out if there are any restrictions on both the method of travel and entry to the country. Also call the Department of Health to see what, if any, vaccinations are required. Some of these may not be safe during pregnancy.

Unless you know better, don't drink the water (especially right from the faucet—including brushing teeth), or eat any raw or undercooked meats or raw vegetables or salads washed in tap water. Make sure the milk is pasteurized. Take copies of your medical records, and know where a nearby, trustworthy medical facility is located. Kaopectate is okay for traveler's diarrhea, but Peptobismal should be avoided (see below).

PETS

If you are a pet owner you may notice behavior changes with your dog(s) and/or cat(s) when you bring home the newborn. Potentially, your animal held the "only child" status for some time, receiving most of your affections. An infant changes the whole dynamics of the household, knocking the pet's place of honor down a notch or two. Some animals may act out (husbands and siblings may fit in this category). Several tricks seem to help the transition.

1. Ignore the pet for several days to a week before your due date. Then, when you bring the baby home, lavish the pet with attention and treats. They'll associate the newborn with a positive experience.
2. Bring home a towel that was used to wipe the baby at birth and give it to the pet. They will get used to the new smell and hopefully be more accepting. (Our labs ripped the towel to shreds. Hence, our slight degree of trepidation in introducing them to our first-born. They actually did fine...)
3. Don't leave your child alone with or in easy access of your pet. Even a normally well mannered and/or intentioned pet may cause injury.
4. You cannot trust cats (ref. "Lady and the Tramp")

INFECTIONS AND ILLNESS

TOXOPLASMOSIS

The *Toxoplasma* organism is a parasite whose usual "host" is the cat, although it may live in other animals. It can be transmitted via cat litter, contaminated yard dirt, and raw meat. Infection with *Toxoplasma* usually causes no symptoms. Infection during pregnancy may result in premature delivery, growth retardation, hydrops (severe anemia, fluid retention and heart failure), or central nervous system abnormalities of the infant. In order to minimize your risk of infection during pregnancy, the following precautions are suggested: Cat litter should be changed frequently and by someone else. You should not "adopt" a cat during your pregnancy. Use gloves when working in the yard. Meat should be well cooked. Hands, cooking surfaces, and utensils should be thoroughly washed after contact with raw meat. If you are concerned about your risks of toxoplasmosis, a blood test can be performed to see if you are immune. Insurance may or may not cover the cost of this. Fortunately, toxoplasmosis infections in pregnancy are uncommon in the U.S.

LYMPHOCYTIC CHORIOMENINGITIS VIRUS (LCMV)

You probably haven't heard of this one, but while we're on the subject of furry animals and the problems they may cause, we need to address this one. LCMV is a virus carried by small rodents (hamsters, mice, rats, guinea pigs) and can cause severe abnormalities in unborn babies. Infection is not common, but is usually caused by contact with wild house mice (but their domesticated counterparts get the bad rap).

The current recommendation is avoidance. Eliminate household mice infestations (traps are safer than chemicals). This should be done by someone other than the pregnant woman (usually no argument there). Avoid handling pet rodents, do not clean their cages, place them in a less busy area, wash hands thoroughly after handling, and most importantly, avoid face to face contact with your pet critter such as sniffing and kissing (that's direct from the CDC).

CHICKEN POX

If you have had chicken pox, you are at no risk if you are exposed to an affected child during pregnancy. Antibodies will protect you and your baby. If you have not had chicken pox, you should let our office know by your first visit. There are blood tests available to determine if you are immune (four out of five women who do not think that they have had chicken pox will have antibodies and therefore protected). These will typically be drawn if you don't think that you have had chicken pox. Pregnant women who are not immune are at risk for more severe, and potentially deadly, chicken pox infections. Vaccination before pregnancy and immunoglobulins (injected temporary antibodies) are available for those women shown to not be immune.

MEASLES (RUBEOLA)

Viral illness with cough, low-grade fever, facial and body rash, and oral redness and lesions. Most adults have been vaccinated as children and are immune. There are no complications associated with pregnancy.

RUBELLA (GERMAN MEASLES)

Again, most adults should be immune from childhood vaccine. Symptoms include lymph-node enlargement, and rash beginning on the face. A rubella titer is drawn on all pregnant patients with the prenatal blood-work. You will be notified if you are non-immune. Many adults will still be immune even if their rubella titer is negative. If you do have a negative rubella titer you should avoid any person with rubella (which is unlikely to occur due to the rarity of the disease). If you were to be exposed to a person with rubella, blood work will be drawn to see if you get infected, since rubella infection can cause birth defects. Women who are non-immune on blood tests will be re-vaccinated after their delivery.

FIFTH DISEASE (PARVO VIRUS, ERYTHEMA INFECTIOSUM)

Also known as “slapped-cheek” disease, fifth disease is a very common childhood ailment caused by the virus Parvovirus B19. Most adults have had Fifth’s as a child and are immune. Approximately 20% of women in child-bearing age are not immune. We usually offer Parvo titers (lab tests that determine your immune status) with the prenatal labs to anyone with young children or who work with kids. This way, if you are exposed (typically in the spring when outbreaks occur) we’ll know if there is any concern. Parvo virus infections can complicate pregnancy, but only between 10 - 20 weeks in most cases. Even if you are not immune, the chances of getting a Parvovirus infection is still small. If you are exposed to fifth disease and are not immune or do not know your status, call us during office hours so appropriate blood testing can be performed.

SCARLET FEVER

A result of strep infection, scarlet fever presents as a skin rash with “strawberry tongue” and fever. It is not significantly infectious and requires hand washing and good hygiene to prevent transmission.

STREP THROAT

No need to explain strep throat. Although it is contagious, prophylactic antibiotics for pregnant moms who are exposed to the sick child is not typically necessary. If you do feel symptoms including sore throat, ear or sinus pain with or without fever, and your child has culture positive strep, then antibiotics may be appropriate. Again, call during office hours to see if you need evaluation and/or a prescription.

RECOMMENDATIONS FOR COMMON AILMENTS DURING PREGNANCY

MEDICATIONS IN PREGNANCY

The safety of medications in pregnancy has always been a concern. Although many medications such as *Tylenol*®, *Sudafed*®, and *Benadryl*® have been shown to be safe in pregnancy, exposure to any drug has potential risks. Therefore, we advise that unless you really need to take a medication, you avoid its use. If you do need to take a medication, take only as much as you need. Please call our office to clear any prescription medications that you are taking . Please remember

that not one of us is perfect. If your child is less than perfect, it most likely is not from anything that you did, ate, or medication that you took (smoking being the exception).

If you visit your family doctor and/or are prescribed any medication, please notify our office so that we know what's going on with you.

NAUSEA AND VOMITING

Nausea and vomiting are common during early pregnancy. It can be a very frustrating discomfort to deal with. Unfortunately, there is no magic pill we can give during pregnancy to take away all of the queasiness. So, we're left with only trying to relieve what symptoms we can. Take heart, however. Most of the nausea and vomiting will be gone by 14 weeks or so. Nausea and vomiting which is very severe is referred to as Hyperemesis (*hyper*=above or excessive, *emesis*=to vomit) of pregnancy.

The following may help you through this difficult period:

- ▶ Keep snacks such as Saltines at your bedside and munch on these 5-10 minutes before getting up in the morning.
- ▶ Eat small, frequent meals throughout the day to calm your stomach. Keeping food on your stomach typically helps decrease the nausea. Increase the carbohydrate content, i.e. toast, bread, crackers, donuts, cookies etc.--whatever calms your stomach. Sipping on dietary supplements (such as ***Boost***[®] or ***Carnation Instant Breakfast***[®]) throughout the day may also work.
- ▶ Avoid spicy, fatty and fried foods.
- ▶ Sip fluids between meals, not with meals. Avoid drinking a large amount of fluids with your meals since this will increase the volume of stomach contents making things worse.
- ▶ Try drinking clear soda pop set out to lose some of its carbonation, Gator aid, etc. Room temperature Coke has been found to decrease morning sickness.
- ▶ Eat a light snack before bedtime consisting of a carbohydrate and protein (i.e. cheese and crackers, toast and peanut butter, etc.)
- ▶ Stop your prenatal vitamins and/or iron pills if nothing is helping. Missing these for a week or two won't hurt the pregnancy.
- ▶ ***Emetrol***[®] is a syrup available over-the-counter. It helps calm a distressed stomach by coating the lining of your bowel. It is not absorbed into your system and is safe for use in pregnancy. Follow the package directions. You may find it helps with morning sickness if you take 1 or 2 tablespoonfuls 10 to 15 minutes before getting up. Don't drink fluids within 15 minutes of taking Emetrol.
- ▶ Vitamin B₆ has been found to help up to 50% of the time when nausea is severe. It can be bought over-the-counter at any drug store. Take one or two a day or ½ tab every 8 hours. This is also available in a pill called "Nestrex". You may need to ask the pharmacist for this although it is nonprescription. ***Premesis*** is a prescription B₆-based vitamin with folic acid. One or two of these daily may provide some benefit. You don't have to take your prenatal vitamin while you are on Premesis.

- ▶ If nausea and vomiting persist, a prescription medicine in the form of a suppository (*Phenergan*) may help. Since it is absorbed into your system (although still safe) we prefer to avoid its use unless absolutely necessary. You should call the office during regular business hours and ask for a prescription if the above remedies are not working. *Reglan*, a medication that increases the activity of the bowel may also be tried. *Zantac*, an acid blocker, helps in situations where indigestion leads to nausea and vomiting. Zantac 75mg, available over-the-counter, may be tried 1-2 pills twice a day.
- ▶ Although most women and their babies tolerate hyperemesis of pregnancy fairly well, those who become severely dehydrated or develop electrolyte disturbances may require hospitalization and intravenous fluids. If you have progressed to prescription treatment (i.e. Phenergan or Reglan) and are still vomiting many times a day, losing weight and urinating less than 4 times a day, call the office.
- ▶ “Sea-Bands”, an elastic wrist band utilizing pressure on what is felt to be a “accu-pressure” point potentially may help in some cases of severe nausea. Research shows questionable benefit, but they may be worth a try.
- ▶ Ginger, in the form of ginger-ale or ginger snaps may offer some benefit and is worth a try. Ginger candy, available at health-food stores may also be tried in smaller amounts.
- ▶ *Unisom*® available over-the-counter contains a medication which helps with nausea. *Benadryl*® may also help. Either medication, however, will make you sleepy.
- ▶ Keep a lemon wedge in a Ziplock® bag with you at all times. When you experience an offensive odor (grocery, restaurant, spouse), sniff the lemon to block out the smell and prevent a nausea attack.
- ▶ Try herbal teas such as Celestial Seasonings® Ginger-ease or peppermint¹ for nausea or peppermint teas for sour stomach or heartburn (but not for reflux).
- ▶ Increased post-nasal drip from allergies or colds will cause nausea at any time of the pregnancy. Antihistamines and decongestants (see “colds” below) may help with this. Avoiding things that cause allergic reactions is obviously a good idea.
- ▶ Stress is well known contributor to nausea and vomiting of pregnancy. Try to alleviate, avoid and deal with stress as best as possible (sending the husband and kids to grandma’s may be a good start). Relaxation techniques, massages, warm showers and private time may help a bit.
- ▶

INDIGESTION

¹Okay. I know that I mention peppermint tea as a possible risk in the section on herbals. In small amounts it should be safe since in early pregnancy the uterus should be more resistant to contractions. Just avoid larger quantities (more than 3 or 4 cups each day).

Hormonal changes in pregnancy cause the muscles in the gastrointestinal tract to relax. This results in food sitting on the stomach longer and reflux of the acidic stomach contents into the esophagus. The burning sensation from this occurrence is commonly known as indigestion or "heartburn". Increasing abdominal pressure from a growing pregnancy worsens these problems. The best treatment is prevention. The following may help:

1. Avoid fatty or greasy foods. These take longer to digest and will sit on your stomach for a greater period of time.
2. Don't eat within 3 hours before going to bed. This food will tend to reflux up your esophagus when you lay down.
3. Avoid large meals or drinking large amounts of beverages with your meals since this increases your stomach volume. Eat smaller, more frequent meals.
4. Liquid antacids such as *Mylanta*[®] or *Maalox*[®], or chewables such as *TUMS*[®] are okay to use. You may substitute a generic--just compare labels. (Aluminum and magnesium hydroxide and calcium carbonate are safe ingredients). *TUMS*[™] give the added benefit of supplying extra calcium (4 to 5 each day supply the recommended 1500 mg.). Do not use *baking soda* for an antacid while you are pregnant since it may adversely affect your body chemistry. *Peptobismal*[®] should also be avoided.
5. Elevate the head of your bed, or prop yourself with pillows. This allows gravity to help keep your stomach contents where they belong.
6. If these fail to work, then *Zantac*[®] (*ranitidine*) and *Tagamet*[®] (*cimetidine*), medications that block acid production in the stomach, will frequently alleviate the problem. Both have been used enough in pregnancy to show their safety.

ULCERS

Gastric and peptic ulcer disease usually improves with pregnancy. If you are on medication for active ulcer disease when you become pregnant, you may be able to stop taking it during your pregnancy. Some of the medications used are considered fairly safe and may be used if absolutely necessary. Please call our office to check on your specific medications. (*Tagamet*[®], *Zantac*[®], and *Carafate* may be used in some situations).

CONSTIPATION

Hormonal changes in pregnancy also contribute to problems with constipation. Few pregnant women escape the wrath of the "slow bowel". Cramping and discomfort from constipation may become severe at times. Again we have a few suggestions:

SORE BREASTS

Enlarged, tender breasts are part of being pregnant. It is important that you wear a properly fitted bra. Poor fitting bras can cause a mild problem to become severe. We may have pamphlets available in the office that help you decide which bra size is best for you. It also discusses the

1. Increase your fluid intake. This helps compensate for the increase absorption of water from your stool which occurs in pregnancy. And you know what they say, "the less water in the stool, the firmer it will be."
2. Eat your veggies! (and whole grains). The increased bulk and fiber will stimulate your bowels to move better. Bulk laxatives such as *Metamucil*®, *Fibercon*®, *Konsyl*®, or *Citracil*® (we may have samples--just ask) may help in more stubborn situations. Also, prunes and prune juice really do work!
3. *Milk of Magnesia*® may help if the above suggestions fail. Please use it sparingly, however. *Colace*® (*docusate sodium*, which is now over-the-counter) is a stool softener which may be used during pregnancy. Again, use it only as necessary because of some theoretical risks.
4. *Senakot*® is a natural vegetable laxative which is safe in pregnancy.

expected changes in breast size and shape to help you find a bra that can “grow” with you during pregnancy as well as serve as a nursing bra after you deliver. Avoiding touching as well as exposing your breasts to the hot water of a shower may also help. If worse comes to worse, try Tylenol and ice packs. (This works after you have the baby also). Check out the Playtex® website http://www.playtexbras.com/fitcalculator/fit_maturity.jsp for more hints.

BREAST DISCHARGE

As you get closer to your due date, your breasts start initiating the process which will eventually make and store milk. Do not be surprised if you begin leaking clear, yellow, or milky fluid even several months before you deliver. You may have a small amount of bloody discharge--let us know at your visit if this occurs. It is not a reason to be alarmed (easy for us to say, of course!).

BLOODY NOSES

Nose bleeds are more common during pregnancy because of the increased swelling of the sinuses and increased blood flow. They usually do not cause a problem otherwise. Try a vaporizer at your bedside and saline nose drops or gel. Antihistamines may help if the nosebleeds seem allergy related. If the nosebleeds are occurring often, you may need a referral to an ENT (specialist in ear, nose and throat).

ALLERGIES

Allergies will commonly worsen during pregnancy. Take antihistamines if you *really* need help. Nasal steroids (**Vancenase®**, **Flonase®**, **Nasonex®**, etc.) are okay to use. If you are on allergy shots these may be continued. Your best bet is to avoid those things that make you allergies worse.

ASTHMA

Asthma may improve or worsen during pregnancy. Inhalers are safe in pregnancy and should be continued. If your asthma is more severe, please alert your physician taking care of your asthma that you are pregnant. Oral medications such as **theophylline** should be stopped if possible. **Singulair** may be continued if necessary.

DENTAL WORK

If you need dental work performed during pregnancy (fillings, cleanings, teeth pulled) there is no reason to delay. Routine dental procedures will not effect the pregnancy. Local anesthetic ("novocaine") is just that--*local*. It won't hurt the baby. If you need an x-ray, you need only cover your belly with a lead apron which your dentist will have available. Antibiotics such as **Keflex® (Cephalexin)**, **penicillin**, **ampicillin** and **amoxicillin** as well as pain medications such as **Tylenol #3®** (with codeine) are okay if needed after dental work.

VIRAL ILLNESSES--COLDS, COUGHS, FLU AND SORE THROATS

Pregnant women are, unfortunately, not immune to the normal viral illnesses that tend to run their seasonal cycles. Worse yet, they will likely be more sick, more uncomfortable, and take longer to get over the illness than someone who is not pregnant. Most infections will not hurt the baby since the mother's antibodies will protect the fetus.

Although we do sympathize with our pregnant patients who have a cold or the flu, there is nothing more than supportive treatment (i.e. treat only the symptoms as opposed to curing the illness) that we can offer. For instance, you may try **pseudoephedrine (Sudafed®)** or over-the-counter **antihistamines (Dimetapp®, Chlortrimeton®, Benadryl®)** for a clogged head and/or runny nose; **Robitussin DM®** or **Poly-histine DM®** for cough; **acetaminophen (Tylenol®)** for fever, aches, and pains; and **throat lozenges (Cepastat®)** or **Listerine®** or salt water gargles for sore throats. Combination medications such as Tylenol Cold are okay, but they are just acetaminophen and pseudoephedrine (with or without several other antihistamines or dexamethorphan²—actually cheaper if you just get the above listed generics and take them together. Antibiotics will not help in viral illnesses, but may, in fact, cause other problems (not to mention the unnecessary risk to the baby). Therefore, we will not prescribe antibiotics for a viral illness. If you can, try to tolerate the symptoms without using medications. Some experts feel that all over-the-counter

²One recent study suggested a possible link with birth defects and dexamethorphan (DM). No other studies have shown this problem. Although DM is most likely safe, we suggest avoid using it during the first 3 months of your pregnancy. Read ingredient labels of cough syrups and cold and flu combinations to see if it's included.

medications should be avoided during pregnancy, especially in the first and last trimesters. Your best bet is to avoid any medication unless you feel its benefit outweighs any potential risk.

COLDS

Symptoms: includes nasal congestion, cough, runny nose, headache, muscle aches, fever, and fatigue.

Most Upper Respiratory Infections are caused by viruses. Because it is caused by a virus, antibiotics are not effective. The only advice we can give is to use supportive treatment including warm, humidified air (vaporizer at your bedside), plenty of rest, plenty of fluids, well-balanced diet and continuing your prenatal vitamins. If you still feel you need further therapy, you may use **Tylenol® (acetaminophen)** (2 extra strength every 3 to 4 hours) and **Sudafed® (pseudoephedrine)**. (You should buy the generics of these medications since they're much less expensive and just as good).

When to call: If your cold lasts for longer than a week, you develop a cough productive of greenish phlegm, or you notice chest tightness and shortness of breath, call our office during office hours--you may be developing bronchitis. If the symptoms seem very severe (i.e. extreme shortness of breath, etc.), you should call or go to the St. John's Emergency Room after hours (it may have progressed to a pneumonia)

FLU

Symptoms: may range from a few mild stomach cramps to severe nausea, vomiting, diarrhea, fever, muscle aches, and fatigue.

The stomach flu, like the cold is generally caused by viruses. Food poisoning can give similar symptoms, however, the treatment is the same. Neither will hurt the baby. You should avoid solid foods and milk products. Drinking sips of liquids (water, "defizzed" clear sodas such as ginger ale or Seven-Up, Gator aid, etc.) or chewing ice will help keep you from getting dehydrated. As you begin feeling better, add Jell-O, bouillon, toast, crackers etc., to your diet. Most of the flu viruses last only 24 to 36 hours (although it may seem like an eternity!) Rarely will you become dehydrated enough to warrant hospitalization and IV fluids. Your body (and the baby) can tolerate a course of the flu quite well. There are no medications that we recommend for flu symptoms while you are pregnant. Most of the medications available (i.e. for nausea and vomiting or diarrhea) may prolong and potentially worsen the illness and are therefore not advised. You should try to drink 8 oz of water or Gator-aid after each diarrheal stool to help prevent dehydration. **Kaopectate®** can be used if the diarrhea is just not tolerable.

When to call: Please try to differentiate stomach cramps from contractions. Feel your uterus--does just your uterus tighten or is your entire abdomen tight? If you are feeling contractions, time them for 1 to 2 hours. Some contractions (up to 4 or 5 an hour) are normal with the flu, since the virus may irritate your uterus. If you are feeling more contractions than that, rest and try to sip a glass or two of fluids. If the contractions persist, call.

Again, dehydration is rare. If, however, you are extremely weak or unable to stand without becoming faint, you should call.

Vomiting bright red blood definitely warrants a call.

If you have upper back ache just below ribs, (not right above your hips) fever, with or without symptoms of bladder infection, this may be signs of a kidney infection--Call!

DIARRHEA

Loose stools are generally caused by viruses or food poisoning, neither of which will hurt the baby. There is no treatment for either of these disorders, except waiting it out. Try to maintain your fluids by sipping ice water, decarbonated pop or Gator aid, popcicles and Jell-O. Avoid milk products and solid foods. As you begin to feel better, advance your diet to toast, crackers, soups, poached eggs, etc. When it's all clear, resume a regular diet. If your diarrhea is especially severe, you may try *Kaopectate® (kaolin-pectin)*, although we still advise against using any medication to slow things down unless it's really bad.

HEMORRHOIDS & BLOOD IN YOUR STOOL

Several changes occur with pregnancy that will cause hemorrhoids. The weight of the uterus in your pelvis, as well as the extra blood flow to your uterus causes the hemorrhoidal veins which supply your rectum to dilate. Add a bit of constipation, and these vessels can dilate massively (or at least seem like it). Not uncommonly, because of their size, bleeding may start from the injured surface of these vessels. All this means is if you have blood in your stool, don't panic. Try some bowel TLC (see constipation above) and hemorrhoidal preparations if necessary, such as *Preparation H®*, or *Anusol HC®*. Medications containing hydrocortisone (a topical steroid) will probably work best. If the bleeding persists after you have the baby, you should let us or your family doctor know.

HEADACHES

Pregnant women are more prone to headaches for several reasons. First, hormonal changes lead to vascular changes which then cause tension in the neck muscles and subsequently headaches. Additionally, as the uterus and abdomen enlarge, the center of gravity changes and the back is strained. This strain of muscles along the spine will worsen neck strain, which may lead to a tension headache. The best treatment is prevention (watch your posture, keep in good shape, and control your weight gain). A heating pad or warm, moist towel around the neck or hot shower can ease the tension. If this doesn't work, then Extra-strength Tylenol (acetaminophen) can be tried.

Swelling of the sinuses is also a normal occurrence in pregnancy. In addition to occasional nosebleeds, the frequency of sinus headaches may increase. Try warm, humidified air initially. If necessary, **Sudafed®** (*pseudoephedrine*) and **Tylenol®** (*acetaminophen*) are okay.

Most women who have migraine headaches actually note a decrease in the frequency of migraine headaches during pregnancy. Others, however, may notice worsening of their headaches. Some migraine medications are safe in pregnancy. Please contact our office during regular hours to check on any medications you may have been prescribed previously for migraine headaches.

DIZZINESS

Episodes of light-headedness, dizziness, and even passing out have long been associated with pregnancy. Changes in the cardiovascular system, blood pressure, blood sugar fluxes and hormonal instability all contribute to light-headed episodes. To lessen their severity, make sure you drink plenty of fluids, eat smaller, more frequent meals (snack every 2 hours) and avoid sweets. Sudden doses of sugar will cause the blood sugar to bounce around--low blood sugar (hypoglycemia) will result in dizziness and sometimes a cold, clammy sweat. Keeping up on your fluids and eating frequently helps decrease cardiovascular instability.

ANEMIA

Anemia is very common in pregnancy, especially in the later stages. Don't feel bad if you find out your blood count is low. A well balance diet and sometimes iron supplementation are usually all that is required to build up the blood. Symptoms associated with more severe anemia include fatigue, shortness of breath, and frequent episodes of light-headedness. We routinely check your blood count several times during pregnancy.

VAGINAL INFECTIONS

Vaginal infections are not uncommon in pregnancy. Both yeast (Candidiasis) and bacterial infections (Bacterial Vaginosis–BV) may occur. If you are noticing itching without a foul odor, and with or without a “cottage-cheese” type discharge, try an over-the-counter anti-fungal medication (i.e. Monistat®, GyneLotrimin®, etc.). If the infection is not cleared in 5 days, call the office during normal hours for further instructions.

If you notice a foul or “fishy” odor with or without yellow discharge, please call the office during business hours for further instructions. This may represent a **Bacterial Vaginosis** infection. Even with treatment (oral antibiotics or vaginal creams) it can return, especially in pregnancy. Since there seems to be an association with BV and preterm labor and rupture of membranes we like to treat this infection and take it seriously. It is *not* sexually transmitted. For more info on BV, check the website www.metrogel-vaginal.com.

BEE STINGS

Bee or wasp stings are usually not a problem while your are pregnant (except they hurt, of course). Simply apply ice to the area after washing it with soap and water, and watch for redness and severe swelling. As long as it is localized, there is no reason to worry. If you have mild itching, you may take **Benadryl®** 25 to 50 mg every 6 hours as needed. If you develop severe swelling, loss of sensation, chest pain or difficulty breathing, head to the nearest emergency room. If you

have a history of reactions to bee stings and use epinephrine injections, these may be used during pregnancy. By the way, do not pull out the bee's stinger--brush it out with a credit card so that extra toxins aren't squeezed into the site. Wasps and hornets will not leave a stinger.

LEG CRAMPS

Leg cramps or the infamous "charlie horse" are common with pregnancy, probably due to the increased stress and fatigue of the leg muscles. A quick fix is increasing your calcium intake by chewing 4 to 5 *Tums*® a day. It's a long explanation, but it works.

FALLS, ACCIDENTS AND ABDOMINAL TRAUMA

Unfortunately, pregnant women are more prone to accidents. Their change in the center of gravity as well as a generalized awkwardness makes falls more common. Pregnant women are not immune from automobile accidents, either. Therefore....

.... WEAR YOUR SEATBELTS!!!!

Seatbelts should be worn with the lap belt under your belly and the shoulder belt across your chest in the normal fashion. Do not try to modify the mechanism or placement of either belt since this could result in more injury. Studies have repeatedly shown that a properly worn seatbelt saves many mother and baby lives, and rarely results in harm. Besides, ***IT'S THE LAW!!!!***

Fortunately, your baby is well protected by the uterus and amniotic fluid. During the first trimester, the pelvic bones provide nearly perfect protection. An accident or trauma severe enough to hurt the unborn child will usually result in a significant injury to the mother. A simple fall (forward or on your behind) or bump on the abdomen *rarely causes problems*. A blow to the belly is usually only worrisome if it is severe enough to cause bruising. A simple kick from a small child (it's like there's a bulls-eye on your belly) shouldn't be a problem in the typical case. None-the-less, you should observe for the following if you are involved in an accident or have received a significant blow to the abdomen:

1. Are you significantly injured? If you think you should go the emergency room, **GO!!!**
2. Is the baby active? Remember that stress may make it harder for you to feel movements, so find a relaxed, quiet room and pay close attention.
3. Do you feel any contractions or uterine tightening? Feel your uterus. If you seem to be noticing an increase in contractions (more than 4-5 and hour), you may need evaluation.
4. Watch for bleeding or leaking of fluid (make sure it's not urine). If either of these are present, you will need to be evaluated.

WARNING SIGNS IN PREGNANCY

BLEEDING

Bleeding in pregnancy is not uncommon, and is not always a cause for alarm. You must consider several factors when bleeding or spotting occurs to determine its significance. These include gestational age (weeks of pregnancy), amount, previous activity, and associated pain or cramping. We can differentiate causes of bleeding by the time in pregnancy that it occurs.

FIRST TRIMESTER BLEEDING: one in four pregnancies will have bleeding or spotting during the first 14 weeks. This usually is because of placental implantation (the process by which the placenta attaches to the uterus) or injury to the cervix which may easily bleed during pregnancy (for instance following a PAP smear or intercourse). Bleeding, by itself (that is, when no cramping or pain is present), is usually not a problem unless it is heavier than your normal period bleeding. If you have had an ultrasound showing a fetus and heartbeat, you have only a small chance of miscarriage even if bleeding and cramping are present.

If you do experience bleeding following intercourse, you should avoid sex for 5 to 7 days. If you notice cramping with bleeding, avoid heavy exertion until you feel better. Although some cramping in pregnancy is normal, cramping heavier than your normal period cramps may signal problems. You should call the office if cramping is severe, bleeding is heavier than a normal period, or if you pass tissue.

SECOND TRIMESTER BLEEDING (15 to 28 weeks) and THIRD TRIMESTER BLEEDING (29 TO 40 weeks): Bleeding during the later 2/3's of a pregnancy is more worrisome. Although it may be the result of a friable cervix (that is, the cervix bleeds easily, which is a normal cervical change in pregnancy), other causes should be looked for. Three problems which are of the most concern are Placenta Previa (low lying placenta), Abruptio Placenta (premature separation of the placenta from the uterus) and preterm labor (labor before 37 weeks).

Placenta previa will cause painless bleeding. This is because the placenta, which in this case covers the cervical opening, may separate slightly as the cervix dilates later in pregnancy. The bleeding may be minimal, or may be very heavy, risking the lives of both mother and baby. Placenta previa is diagnosed by ultrasound. Previa occurs more often in older women, women who have had several pregnancies, and in twin pregnancies. The typical precautions include bed-rest and avoiding intercourse. If the previa is severe or causing a lot of problems, delivery is usually performed as soon as the baby is mature. Generally, the route of delivery is by c/section. Usually a previa will be diagnosed by the routine ultrasound so in this practice it is rarely a surprise finding.

Low lying placenta is found not infrequently on the routine ultrasound around 18 to 20 weeks. This is a placenta that is positioned in the lower half of the uterus near, but not covering the opening of the cervix. Fortunately, most of these (95%+) will move or "migrate" up and away from the cervix as the pregnancy progresses, never to be of concern. Occasionally, since the placenta is so close to the cervix, even a small amount of bleeding from the edge of the placenta will easily make it to the cervix resulting in vaginal bleeding. This probably happens more than we realize in many pregnancies. Again, we will know about the placental position from the 18 week ultrasound. Another ultrasound is then performed around 28 weeks to confirm that the placental has moved. If it hasn't, precautions will be discussed.

Abruptio placenta or placental abruption, is the premature separation of the placenta from the uterine wall. The cause for this is usually not known, although there is a strong

association with smoking, high blood pressure/toxemia, and especially cocaine use. Pain is the usual symptom of abruption; bleeding may or may not be present. The pain may take several forms, but typically will cause either frequent contractions or one long, hard contraction. The placental separation may be self-limited, occurring only at the edge of the placenta, never to cause more problems. On the other extreme, the placenta may separate completely, resulting in possible loss of the baby (this, however, is a rare occurrence).

Preterm labor is the occurrence of labor before 37 weeks of pregnancy. If you are bleeding, please feel your uterus to see if you are contracting, and if so, begin timing the contractions. Occasionally, the dilatation of your cervix may cause bleeding. See below.

When to call for pain or bleeding: Spotting (even if it is bright red) after intercourse, after a pelvic exam or a pap smear is not something to be concerned about. If, however, the bleeding persists, is heavier than your normal period bleeding, or is associated with any pain, call the office or answering service immediately. We would rather have a false alarm than miss a potential problem.

PAIN

Some pain in pregnancy is normal. The difficulty arises in deciding when the pain is normal and when it signals a problem. Early in pregnancy (up to 14 weeks) the uterus is beginning the process of enlarging to many times its usual size. This obviously will cause some discomfort as your uterus complains about its new duty. The supporting ligaments (the round ligaments) will also be stretching during this period. They may become irritated and spasm, causing "Round Ligament Spasm", a sharp stabbing pain off to the sides. Typically, the woman will experience some cramping (see "First trimester bleeding" above) or intermittent one sided pain during this time. If the pain is very severe, (especially around 6 to 8 weeks), is one sided and sharp in nature, and doesn't go away, notify the office immediately. This may be an early sign of a tubal or ectopic pregnancy.

Pain in later pregnancy (15 weeks to term) may be the result of pulled abdominal muscles or Round Ligament Spasm. It could also be from preterm labor (see below), or placental abruption. Try resting and relaxing, taking a warm bath or shower and drinking several glasses of water. If the pain does not improve, or if the pain is associated with bleeding, is severe, or you are just not sure, call the office immediately. Typically, any pain later in pregnancy that is off to the side is not a problem (abdominal muscles, ligaments or gas). If your uterus is not tender, then you can relax, and watch it a bit longer.

Around 24-28 weeks, most women notice a "menstrual-type" aching above their pubic bone. This is due to muscle fatigue of the lower abdominal muscles and tendons from carrying the extra weight of the baby. An abdominal pregnancy support may help.

Anywhere from 32 to 38 weeks the baby will drop. The timing will depend on which pregnancy this is, the size of the baby and your anatomy. It can be very painful at times, with the pain lasting for several hours consisting of increased pelvic pressure and/or severe pain behind the pubic bone. If necessary, lay down and relax. Check for contractions by feeling your uterus. Try Tylenol, heating pad, etc. The pain should subside in a few hours.

As the baby continues to drop, many women complain of a sharp pain “shooting up their vagina”. Again, not to worry. This occurs due to the stretching of the pelvic ligaments, and pinching of the tissues between your pelvic bones and the baby’s hard head (and you were wondering why it hurt so much....).

FETAL MOVEMENT

Fetal movement will vary markedly from pregnancy to pregnancy, and change in frequency, intensity and pattern during each stage of pregnancy. Therefore, it is not unusual to experience episodes of decreased movement of some degree. An active baby is a healthy baby. Fetal activity is one of the best indications that a baby is doing well. The absence of movement, however, can be concerning since we don’t have that assurance that all is well. Remember that the baby will have times that it sleeps, so a temporarily inactive baby is not necessarily a bad sign.

Most women, with their first pregnancy, will feel the baby move by 18-20 weeks. This can vary by the activeness of the infant, position, placental location, mother’s size and the general ability of sensation. With each successive pregnancy, the baby may be felt sooner, typically around 16-18 weeks (and sometimes earlier). The initial movements will be like flutters, or occasional faint kicks. As the baby grows, the movements will become more constant. By 28 weeks, the baby will begin developing more defined sleep-wake cycles, which will eventually correspond to the mother’s activity level. I.e. while the mother is up and around, the baby will tend to be rocked to sleep. In the evening, when mom slows down, the baby wakes up and begins its exercise routine. And you wonder why babies tend to sleep all day and fuss all night.

There may well be episodes that you won’t feel the baby move for longer periods of time. This is not uncommon if: the baby has had an unusually long, active period; if you haven’t eaten; after smoking or alcohol; or if you are feeling under-the-weather. If the decreased movement seems excessive, that is, much longer than you would normally expect by several hours, then try eating some sweets or drinking juice, then rest in a quiet room for 30-60 minutes undistracted. Try your best to relax. Sometimes the stress and worry will keep you from feeling an earthquake in your belly. If you are still concerned, then the next step is checking a Non-Stress Test (NST) at the hospital. This involves monitoring the baby’s heart rate on a fetal monitor and analyzing its pattern. It is fairly easy to confirm a healthy infant status by the appearance of the heart rate tracing. It comes down to this—if there’s a question, we do the NST. It’s easy, involves no risk. If you’ve tried these things and you’re still concerned, call or just go to labor and delivery. Better safe-than-sorry!

NUCHAL CORDS

A nuchal cord, or umbilical cord around the infant’s neck is a fairly common occurrence. Around 1 in 5 baby’s will have the cord looped around its neck or arm or leg or body. *Rarely* does this

cause a problem, however, it causes quite a bit of concern to pregnant families. Granted, there are some instances where a nuchal cord causes fetal distress and even death. It is these instances that make us all nervous. Frequently, a nuchal cord may be noted on a routine ultrasound. The next question is invariably, "what should I do?". Again, remember that the chances that this cord will cause problems is very small. None-the-less, we will encourage you to follow the fetal movement and watch for any significant decrease in the baby's activity. If there's a question, then we get the NST.

PRETERM LABOR

Contractions in pregnancy are usually normal, but at times may be a sign of preterm labor. Labor is defined by the presence of uterine contractions and dilatation and/or thinning of the cervix. Contractions may occur but not cause any change of the cervix (Braxton Hicks). It may at times be difficult, if not impossible, to tell the difference between normal contractions and actual preterm labor unless the cervix has started to dilate. Control of preterm labor that has already caused the cervix to dilate can be difficult. Because of this dilemma, we tend to err on the side of over-treatment and try to decrease (by giving medication) any contractions that are regular, frequent (more than four per hour), before 36 to 37 weeks. If a woman is at higher risk for preterm labor and delivery, we may use further precautions including bed-rest, avoiding intercourse, and increasing fluid intake at the earliest onset of contractions. The concern with delivering early (especially before 35 weeks) is the possibility that the baby's lungs and other organs will not be mature, necessitating transfer to, and care at, a high-risk hospital. Premature babies are at a higher risk for illness, long-term handicaps and death. That's why we like to keep them undelivered until they're ready to be delivered.

When to call: At about 20 weeks you should get in the habit of palpating (feeling) your uterus several times a day. Get used to the feel of your uterus when it is soft and when it tightens, Again some tightening or contractions (Braxton Hicks) will be normal. Begin counting the number of contractions per hour by laying in a quiet room with your hands on your belly, gently pushing on your uterus, feeling for increased firmness. If you palpate more than 4 per hour, you should drink two glasses of water, lay on your side and count for another hour, If they still persist greater than 4 and hour, call the office. If the contractions are associated with increased mucosy vaginal discharge or spotting, increased pelvic pressure, or if they are very uncomfortable, call the office immediately. If you notice your uterus seems to be more "irritable", try resting more often, and avoiding caffeine and especially avoiding smoking (both are stimulants which will increase uterine activity). If you notice contractions after intercourse, you should have your partner wear a condom. This is because chemicals in the semen (prostaglandins) will cause the uterus to contract. A condom will prevent exposure (usually) to the prostaglandins. (Condoms, like all things, are not perfect.)

"LEAKING WATER"

The baby is surrounded by fluid known as "amniotic fluid". This is held in the uterus and around the baby by the amniotic sac. The "bag of water" may break before the onset or after the onset of contractions at term. Preterm premature rupture of the membranes (PPROM) occurs when the membranes rupture before 37 weeks of pregnancy. This is usually soon followed by labor and delivery, hence, PPRM is one of the most common causes of preterm delivery. The cause of

PPROM is unknown, but the most common theory is that infection weakens the amniotic sac leading to breaking of the membrane. If PPRM occurs, preterm delivery and/or infection are the most worrisome complications.

Premature rupture of the membranes (PROM) is defined as rupture of the membranes 12 hours or more before the onset of labor. This term is reserved for pregnancies 37 weeks and greater. The concern at this point is of an infection around the baby if it takes too long to get the baby delivered. When the bag of water breaks, the barrier to bacteria is gone, and infection may occur.

When to call: Rupture of the membranes (ROM) may cause a gush of fluid, a small leak of watery fluid, or anything in-between. A full bladder under the weight of a baby may result in a gush of urine, which may be confused with ROM. A vaginal infection or the normal increase of vaginal discharge may cause a constant "wet" feeling. It is difficult to tell over the phone if ROM has occurred, but there are several clues. If there are symptoms of a bladder infection (frequent urination and burning), the leaking was a one time episode or only occurs every few hours, ROM is not as likely. If you notice constant dribbling of watery discharge or experience several gushes within an hour, ROM is more likely. If you are worried that ROM has occurred, call the office. It is okay to wait several hours to watch the pattern of leaking. Contrary to what you may have been told, you cannot decide by the color or smell of the fluid. You may need to be examined in the office or in labor and delivery at the hospital. In the meantime, DO NOT have intercourse, rest, and take your temperature three times a day.

LABOR

Once you are past 37 weeks, you are considered "term" and we will allow labor to progress. Our goal is to get you to the hospital at the right time; i.e., not too soon so that you are sent back home, but soon enough so that you don't deliver on the way. The longer you can labor at home, the more comfortable you will be and the less pain medication you will use. If you are sent home to labor further, do not view it as a defeat. Spending too long walking around the labor unit not being allowed to eat will wear on your and your coach's nerves. Sometimes it's better for nature to do its own thing in the comfort of your own home. When contractions are *regular*, every 5 minutes for an hour, and *every one* is uncomfortable (that is, you have to breathe through them), call the office number at all hours. If you have a history of fast labors, or are told otherwise, you may want to call sooner. While laboring at home, use the relaxation and breathing exercises that you learned in your birthing class. If you are a scheduled c/section, you should call when the contractions are regular and don't seem to be going away, but before they get strong.

BLOODY SHOW AND MUCOUS PLUGS

or "Help!! I've lost my plug!"

First ask yourself this question. "Did I look in the toilet?". As your cervix begins to dilate and thin out the plug of thick mucous which has been sealing your cervix will fall out. You may notice this "snotty", mucousy material pass as you get nearer to term. It may be mixed with a small amount of blood or blood tinged mucous. As the cervix thins it may also bleed easily causing a small amount of bloody show. As long as you are at least 36 weeks this is of no concern. Also, bloody show and passing a mucous plug do not predict the onset of labor. Therefore, if you are at least 36 weeks, **there is no reason to call.**

BREAST FEEDING

We strongly urge our new mothers to breast feed. During your pregnancy we will be offering you much information on the benefits of breast feeding as well as encouragement to do so. There are also volunteers and services available to assist you with breast feeding. If you choose not to nurse, we advise wearing a tight fitting bra, avoiding stimulation and ice packs for your breasts when they become engorged. We do not prescribe medications to "dry up" your milk since these are felt to be too risky, expensive, unreliable likely ineffective, and prone to side-effects.

DOMESTIC VIOLENCE

Domestic violence (DV) includes the physical, sexual and emotional abuse of one's partner. It may very well be one of the most common health problem in America, but unfortunately, one of the least reported. Women are usually the victims of domestic violence, which occurs more often when the woman is pregnant. Hence, the reason this section is included in your handout. Below you will find statistics about DV, as well as resources by phone and on the internet. If you are in an abusive relationship, please call and/or "cybervisit" these organizations. Take note on how to cover your internet trail if you are concerned of repercussion if your mate learns of your research and contacts. **Please** let us know if you are being abused so that we can help you. Abuse affects your pregnancy and places it and you at risk. You should **never** feel ashamed to ask for help.

Ask Yourself These Questions

1. Within the past year -- or since you have been pregnant -- have you been hit, slapped, kicked or otherwise physically hurt by someone?
2. Are you in a relationship with a person who threatens or physically hurts you?
3. Has anyone forced you to have sexual activities that made you feel uncomfortable?"

- Abuse of women by male partners knows no economic, racial, religious, or age barriers. Abuse happens in intimate relationships between men and women from all walks of life.
- About 20% of the visits made by women to emergency rooms are for injuries related to abuse. More than one third of female murder victims are killed by their male partners.
- Experts estimate that between 2000 and 4000 women are killed each year as a result of domestic violence.
- Children who witness domestic violence are four times more likely to be arrested in the future.
- Seventy-five percent of the women who are killed by an abusive partner are killed after they leave or when they are attempting to leave the abusive relationship.
- Children who witness domestic violence are six times more likely to commit suicide
- Every year, 2-4% of American women in an ongoing relationship experience at least one episode of severe violence.
- Up to 5 million adult women experience domestic violence each year with 1.7 million experiencing severe abuse.
- According to the Department of Justice, violence by an intimate partner accounts for about 21% of all the violent crime experienced by women. Among female murder victims, about 30% are killed by an intimate partner.

Remember that abuse is about power and control over you and your children. **NO ONE DESERVES TO BE ABUSED.** There is never an excuse for abuse.

WEBSITES OF INTEREST

<http://www.abanet.org/domviol/home.html>--American Bar Association Commission on Domestic Violence

<http://www.ismanet.org/pi/dvpublic.htm>--Indiana State Medical Association Site for Domestic Violence

<http://www.ncadv.org/>--National Coalition Against Domestic Violence Web Site

<http://www.incasa.org/>--Indiana Coalition Against Sexual assault

OTHER RESOURCES

INDIANA FAMILY HELPLINE: **1-800-433-0746** Voice **1-866-275-1274** TDD

If you need a referral to a domestic violence shelter or program in your area, call the National Domestic Violence Hotline at **800/799-SAFE (7233)** or **800/787-3224 (TDD)**.

Other web sites of interest:

www.drkoop.com

www.lamaze.com

www.lalecheleague.org--excellent source for breastfeeding information

www.Obgyn.net/pb/pb.asp

www.familyweb.com/

www.babycentre.com/

Jeffrey M. Blake, MD, FACOG

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